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1175 Mr. HALLIST

THE BOROUGH OF DUNHEVED OTHERWISE LAUNCESTON.

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D. H. A. GALBRAITH, M.R.C.S., L.R.C.P., Medical Officer of the Infant Welfare Centre.

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Annual Report of the Medical Officer of
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To the Launceston Town Council.

MR. MAYOR AND GENTLEMEN,

I beg to present my Annual Report for 1933, and begin as is usual by giving in tabular form the various rates for the district with the figures upon which they are based; and such of the corresponding rates for England and Wales as are available and of interest by way of comparison. In making such comparisons it is necessary to emphasize that in dealing with so small a population as that of Launceston, the effect of a single death from any disease upon the death-rate per thousand of the population from that disease, is very much greater than in larger districts. Ten times greater than in a population of 41,000, where for example our deathrate of 0.24 from scarlet fever, due to one death would be, given as 0.02, which as it happens was the rate for the whole of England and Wales last year. Obviously, then, for such occasional causes of death, no sort of comparison can be made, except over a period of years.

Section A. Statistics and Social Conditions of the Area.

Table I.

Area of the District in Acres	...	...	...	2,188
Population, as estimated to mid 1933	...	...	...	4,152
Number of inhabited houses	...	...	...	1,182
Rateable value ...	...	...	...	£24,187
Sum represented by a penny rate	...	...	...	£93-0-9

The Social conditions are such as pertain to a small town, the centre of an almost purely agricultural district and which is also the educational centre for a similar area.

Farming, especially dairy farming and cattle grazing, is carried on in the outlying parts of the district, and in the town the chief industries are such as mainly supply local needs: building, founding, tanning, timber hauling and sawing, carpentry. Skilled labour is also employed in newspaper and other printing, tailoring, etc., in motor car repair shops in the local gas and electric works, and in conjunction with the work of bakers, butchers, dairymen, etc.

The number of unemployed in the town, that is in the Borough of Launceston, has varied between about 30 in the summer time to round about 50 at the end of 1933, and the Ministry ask for any evidence that unemployment has exercised any significant influence on the health or physique of children or adults. As to the effect on children I thought something might be learnt from the numbers receiving free medical treatment in the out-patient department (Rowe Dispensary) of the Launceston Hospital. On looking up the records for the last three years I find the numbers were as follows:

1931—120

1932—201

1933—118

As about two-thirds of these figures refer to children, and the remainder to women, one does find evidence that in 1932 social conditions were having a decidedly prejudicial effect on them, but that in 1933 improvement had taken place. If, as seems very probable, unemployment was one factor in the sudden jump up of attendance in 1932, one must infer that some adjustment and relief has now taken place.

I have also made enquiries at the Office for the Unemployed, and through a resident who has been interested in a local effort for improving the lot of the unemployed men of the town. From both sources one gathers that during last winter a considerable number of the men were suffering from under nourishment. On the one hand I was told some of the men looked haggard, and as if they were stinting themselves for the sake of their children; and on the other, that about 20 of the men with families were in consequence given orders for food stuffs to the value of from five to ten shillings a week, for periods ranging from one to four weeks. The organisers of this timely help are to be congratulated upon the success of their effort, for speaking as a medical man, I do not remember a definite case of illness which was attributed to under nourishment.

Table II.

VITAL STATISTICS OF THE YEAR 1933.

								Corresponding rates for England and Wales
		M	F	TOTAL				
Live Births	Legitimate	32	26	60	Birth rate per 1,000 of the estimated resident population	14.45	14.4	
	Illegitimate	0	2					
Still Birth	Legitimate	2	0	2	Rate per 1,000 total births (live and still)	32		
	Illegitimate	0	0					
					Rate per 1,000 of the population	0.48	0.62	
Deaths	...	32	36	68	Death rate per 1,000 of the population	16.37	12.3	
Deaths from Puerperal causes	Puerperal Sepsis	...	...	1	Rate per 1,000 total births	...	16	1.71
	Other Puerperal causes	...	...	Nil	" " "	...	Nil	2.52
	Total	...	...	1	" " "	...	16	4.23
Death of Infants under one year of age	All Infants	...	...	3	Death rate per 1,000 live births		50	64
	Legitimate "	...	...	3	" " "	legitimate births	51	
	Illegitimate "	...	...	Nil	" " "	illegitimate "	Nil	
Deaths from Measles (all ages)		...	...	...	...	...	Nil	
,, Whooping Cough (all ages)		...	...	...	...	...	Nil	
,, Diarrhoea (under 2 years of age)		...	...	...	...	...	Nil	

It is necessary to note that the death above recorded as due to puerperal sepsis was that of an inward transfer from another district in which the confinement as well as the subsequent fatal illness took place. It has therefore no bearing upon the sanitary state of this district in relation to maternal mortality.

Table III.

ALL CAUSES OF DEATH
(as classified in the Registrar General's Short List).

Scarlet Fever	...	...	...	1	Appendicitis	...	...	...	1
Influenza	...	...	...	2	Disease of the Liver (not Cirrhosis)	...	...	...	1
Tuberculosis of the Respiratory System	...	...	...	1	Acute & Chronic Nephritis	...	...	...	2
Cancer	...	...	...	12	Puerperal Sepsis	...	...	...	1
Cerebral Hemorrhage	...	...	...	4	Congenital Debility, &c.	...	...	...	2
Heart Disease	...	...	...	16	Senility	...	...	...	1
Bronchitis	...	...	...	4	Violence (not suicide)	...	...	...	4
Pneumonia (all forms)	...	...	...	6	Other defined diseases	...	...	...	8
Other Respiratory disease	...	...	...	1	Cause ill defined or unknown	...	...	...	1

Table IV.

DEATHS ARRANGED IN CERTAIN AGE GROUPS.

		NUMBER.	AVERAGE AGE.
Deaths under one year	$\left\{ \begin{array}{l} 2\frac{1}{2} \text{ hrs.} \\ 3 \text{ wks.} \\ 6 \text{ wks.} \end{array} \right\}$	3	2 weeks.
Deaths over one and under five years	...	1	2 years.
Deaths over 5 and under twenty five	...	1	11 years.
Deaths over 25 and under fifty years	...	6	39 years.
Deaths over 50 and under seventy	...	22	60 years.
Deaths over seventy	...	25	77 years.

From Table II it will be seen that the birthrate remains low. It is a shade higher than in 1932 and is almost the same rate as for England and Wales, which declined from 15.3 in 1932 to 14.4 last year.

The general deathrate has risen from 14.0 in 1932 to no less than 16.3, as against 12.3 for the whole of England and Wales. In my report for 1932 I was able to show, to at least my own satisfaction, that the higher deathrate in Launceston, as compared with the rate for England and Wales, was entirely due to the greater average age of the population. For 1933 it would seem that only half the difference in the rates can be claimed as due to this cause.

From Table IV it will be seen that 35 deaths were of persons over seventy, the average age of these deaths being 77. These figures are almost the same as for 1932; but in the age group from 50 to 70 the number of deaths was much larger, and moreover the average age at death fell from 66 in 1932 to 60 last year.

From Table III showing all causes of death, one finds 12 deaths from cancer and 10 from pneumonia and bronchitis, as compared with 8 and 3 respectively in 1932. These are the main differences between the causes of death in 1932 and 1933. The higher deathrate in 1933 is therefore in part accounted for by the larger number of deaths from cancer, but chiefly by the increased number of deaths from pneumonia and bronchitis.

In other respects the figures from the year are not unfavourable in themselves and compare quite favourably with those for the whole country.

Satisfactory points are

1. Still-birth rate lower than for the whole country.
2. Infantile deathrate 50 as against 64 for the whole country.
3. No deaths under 2 years of age from diarrhoea.

As in 1932 such infantile deaths as did occur (3) fell largely into the class of congenital debility and prematurity. Deaths of this class indicate defective ante-natal conditions, and for their diminution it is not so much better knowledge as to infant rearing which is required, as better health of the expectant mothers through improved conditions of living. It is all those conditions, personal care and conduct, as well as general health conditions which at present baffle our efforts to gain and maintain a still lower rate of infant mortality, with a nil return as our ideal. That is why ante-natal work is now regarded as of such great importance.

The two older children who died last year were both cases requiring operation in hospitals out of the district, one being a case of acute osteomyelitis.

Section B. General provision of Health Services for the Area.

I The Public Health Officers of the Authority are given at the beginning of this Report.

II (a) **Laboratory facilities.** None provided.

(b) **Ambulance facilities.** A keen and efficient Ambulance Service is maintained in the town by voluntary effort, and patients are conveyed without change of Ambulance into other districts.

(c) **Nursing in the Home.** This is not provided for by the Authority; but in addition to the valuable work of Nurse Luckes as Maternity and Child Welfare Nurse, the district has in Nurse Knowles a state registered District Nurse of great ability and diligence. The funds securing this second nurse are provided from the Northey Endowment, now largely supplemented by other voluntary Subscriptions and Donations; and she works under the supervision of the County Nursing Association.

(d) **Clinics and Treatment Centres.** A return for 1933 on Form M.G.W. 96 containing statistics as to the work done under **Maternity and Child Welfare** has already been made to the Ministry. I extract a few figures from this return for the information of the Council.

Number of visits paid during the year by all Health Visitors:

(a)	To expectant mothers	...	First visits	41
			Total visits	150
(b)	To children under 1 year of age		First visits	54
			Total visits	490
(c)	To children between 1 and 5		Total visits	454

Total number of attendances at the centre:

(1)	By children under 1 year of age	...	136
(2)	By children between 1 and 5 years	...	164

The monthly Clinics of the Infant Welfare Centre continued to be well attended and to do good work. In addition under this heading I have to record the establishment in the town of an Orthopædic Clinic, now in its second year. It is worked in connection with the Princess Elizabeth Orthopædic Hospital in Exeter, and patients come to it from a large surrounding area. It is conducted by the Orthopædic Surgeon to the Hospital on the first Monday in each month, and treatment is given every Monday by the specially trained nurse. It is supported without aid from the rates and the work accomplished is of enormous value in restoring crippled children and still more by preventing incipient cases of bone deformity from developing into cripples.

(e) **Hospitals.** No change, but considerable improvements in the Infirmary of the Public Assistance Institution.

2. Not under this Authority.

3. Developments in Maternity and Child Welfare Services. No changes under this heading except as to V Orthopædic Treatment as mentioned above.

4. Action as to registered maternity and other nursing homes. Nil.

Section C. Sanitary Circumstances of the Area

- I (i) **Water.** A good supply of water continues to flow in the Windmill Reservoir from the intake works.
A sample of the water from the intake was taken in July, 1933, for Bacteriological Examination.
The Report was as follows:
Total number of Organism growing on Gelatine at 22 Cent. .. 500 per C.C.
" " " " Agar at blood heat ... 180 per C.C.
Organisms of the B Coli group absent from 36 C.C.
The analyst comments that possibly owing to the hot weather the total number of organisms is greater than on some previous occasions but with the absence of the B.Coli group he considers this affords no direct evidence of contamination.
- (ii) **Drainage and Sewerage.** Sewage works in fair working order and no complaints.
Sewer Extensions. Dunheved Road 510 feet. Chapple 204 feet.
- II **Rivers and Streams.** There is no evidence of any pollution of these.
- III (i) **Closet Accommodation.** The number of W.C.'s in the district is about 1,500, the great majority being in connection with the water carriage system; but there are 59 cesspools throughout such parts of the district as cannot well be connected. There are also 10 pail closets where gardens are available for disposal of contents, and at Monk's Park Cottages lying below the level of the sewer and without gardens there are 6 privies which are properly attended to by contract.
- (ii) **Public Cleansing.** No change last year. House refuse is collected in populous parts 4 times a week, in most other parts twice, and in outlying parts once weekly.
- (iii) **Sanitary Inspection of the Area** (including the report of the Sanitary Inspector.)
- (a) **Nuisances.** All nuisances verbally reported have been investigated and the nuisance abated without serving statutory notices. No written complaints were received.
- (b) **Drains Tested.**
- | | | |
|--------------------------------------|--------|----|
| Drains to new built houses | ... | 22 |
| Drains to new W.C.'s in other houses | | 4 |
| Drains in other houses | ... .. | 2 |
- (c) **Rooms Fumigated** (Formalin). After Scarlet Fever ... 2
- (d) **Cowsheds.** Notices to cleanse and limewash the ceiling or interior of the roof and the inner walls of every cowshed were served on all registered cowkeepers, 30 in number, and these have been attended to.
- (e) **Dairies.** All dairies (30) have been inspected.
- (f) **Slaughter Houses.** These are 6 in number, and all have been inspected from time to time.
- (h) **Inspection of Workshops and Work Places under the Factory Acts.** Many of these were inspected and no complaints were received, nor were serious defects noted. Two workshops were provided with new W.C.s, which are included in those mentioned under (6).
- (iv) **Smoke Abatement.** No action.
- IV **Schools.** The Sanitary Conditions and Water supply of the Elementary Schools were found to be satisfactory.

Section D. Housing.

1. *Inspection of Dwelling-houses during the Year :—*

1	(a)	Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	...	...	26
	(b)	Number of inspections made for the purpose	...	...	40
2	(a)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	...	...	16
	(b)	Number of inspections made for the purpose	...	...	22
3		Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...		3
4		Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	...	...	19

2 *Remedy of Defects during the Year without Service of formal Notices:—*

		Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	...	16
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3 *Action under Statutory Powers during the Year:—*

(a)—Proceedings under sections 17, 18 and 23 of the Housing Act, 1930:

(1)	Number of dwelling-houses in respect of which notices were served requiring repairs	...	...	...	Nil
(2)	Number of dwelling-houses which were rendered fit after service of formal notices:—				
	(a) By owners	...	...	...	Nil
	(b) By local authority in default of owners	...			Nil

(b)—Proceedings under Public Health Acts:—

(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	...	...	...	2
(2)	Number of dwelling houses in which defects were remedied after service of formal notices:—				
	(a) By owners	...	...	...	2
	(b) By local authority in default of owners	...			-

(c)—Proceedings under sections 19 and 21 of the Housing Act, 1930:

(1)	Number of dwelling-houses in respect of which Demolition Orders were made	...	...	...	2
(2)	Number of dwelling-houses demolished in pursuance of Demolition Orders.				2

(d)—Proceedings under section 20 of the Housing Act, 1930:

(1)	Number of separate tenements or underground rooms in respect of which the Closing Orders were made	...	...	Nil
(2)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	...	...	Nil

Section E. Inspection and Supervision of Food.

- (a) **Milk Supply.** All Cowsheds and Dairies have been inspected. Samples of the one Grade A milk supply are taken by the Sanitary Inspector for, and by arrangement with, the Ministry. Samples of other milk are taken by the County Authorities.
- (b) **Meat and other Foods.** General inspection carried out. No food was condemned under authority of the Council.
- (c) **Adulteration, Etc.** County Council.
- (d) **Chemical and Bacteriological Examination of Food.** County Council.
- (e) **Nutrition.** No special work has been done to disseminate knowledge.

Section F. Prevalence of, and control over, Infectious and other diseases.

1. Hospital accommodation for infectious diseases to be dealt with by the County Medical Officer of Health.

General.

2. Apart from Pneumonia but little infectious disease occurred in 1933.

Scarlet Fever. The two cases of Scarlet Fever had no relation to each other. In neither was the source of infection discovered. The first case occurred in June, and was that of a mother of two young children and with four other adults in the house. Prevention of spreading was greatly aided by the intelligent promptness with which isolation from the children was at once instituted before medical aid arrived. Strict isolation was maintained for seven weeks, as throat symptoms were longer in subsiding than the peeling stage was in reaching completion. No other inmate developed the disease.

In connection with the second and fatal case, in December, in addition to isolation two close contacts were given, prophylactic injections, and no further cases developed. I do not know what action is taken in Isolation Hospitals to shorten the stay of uncomplicated cases of Scarlet Fever, but the above cases may be contrasted with a recent case in my experience. A woman was sent to a general hospital for treatment for an obscure blood state, and after some weeks there she developed Scarlet Fever, and was removed to the Isolation Hospital. After twenty-five days in that Hospital she was sent home as recovered, and free from infection, but in six days her husband was down with Scarlet Fever.

PUERPERAL FEVER. The only case which actually occurred in the district was of a mild type and rapidly recovered within two or three days of notification. As it was in the Institution, the most rigorous fumigation and disinfection was carried out, and no further case occurred. From my many years' experience, I am convinced that the prevention of Puerperal Fever is mainly to be sought in the efficient training and careful practice of doctors, midwives and nurses; and above all in the use by them of gowns, gloves, and masks, when attending women in labour.

ERYSIPELAS. This case arose from an infected blister on the foot.

PNEUMONIA. With the exception of January, July and August, from one to three cases of Pneumonia were notified in every month of 1933. The cases were in all parts of the district, and at ages ranging from one to seventy-six years. The ages in the fatal cases ranged from 31 to 76, with four aged 50 years and over.

One very acute case of severe type in a young man was removed to the Launceston Hospital in an effort to save him, but without avail.

At present I am unable to make any useful comment about Pneumonia, as it has affected the district in recent years.

INFLUENZA was neither very prevalent as an epidemic, nor of severe type last year, but the deaths of two aged persons were attributed to it, one early, the other late in the year. Possibly the Pneumonia cases were more closely related to Influenza than one can assert was actually the case.

The following Tables are given as required by the Ministry :—

NOTIFIABLE DISEASES, (OTHER THAN TUBERCULOSIS) DURING THE YEAR
1933.

Disease.	Total cases notified.	Cases admitted to Hospital.	Total Deaths.
Scarlet Fever	2	0	1
Puerperal Fever	1	0	0
Pneumonia	13	1	6
Erysipelas	1	0	0

Age Periods	Scarlet Fever	Puerperal Fev'r	Pneumonia	Erysipelas
0—				
1—			1	
5—			2	
15—		1		
25—	1		2	
35—			1	
45—			3	1
55—	1			
65 and over			4	

3.

(a) **Cancer.**

In a population of high average age such as Launceston, Cancer, being a disease of the second half of life, must continue to claim many victims until knowledge of its cause and cure is more advanced. Such knowledge is surely coming, and one may note that already there are persons living in this district, who after treatment with radium, appear to be cured of such forms of cancer as from their site are amenable to this treatment. Through such cases, comparatively few though they be, as well as through newspapers and broadcasting talks, I believe knowledge is becoming spread throughout the district, that by early diagnosis and treatment cures can be effected or life greatly prolonged. I believe, too, that good use is being made of the available radium centres, and that such treatment is always considered whenever cases come to the knowledge of medical men.

The following table gives an analysis of the 12 cancer deaths last year as to sex, age and site of the primary growth.

			CANCER—12 Deaths.		
			Sex and Age		
Primary growth in			M	F	
Breast		{ 50 64	<p>NOTE:</p> <p>8 out of the 12 deaths were due to Cancer of the Alimentary Tract. That is two-thirds of all the cases, and as to sex:— five-sixths of the males, half of the females.</p>
Hand	...	...		74
Stomach	...	...	{ 52 62	{ 35 78
Caecum or Colon (large bowel)	...	...	{ 58 77	
Rectum	...	...	88	76
Bladder	...	...	42	

(b) Prevention of Blindness.

No action was taken under section 66 of the Public Health Act, 1925, but full advantage has been taken of the Plymouth Royal Eye Infirmary direct, or by consulting the Ophthalmic Surgeons on its staff, through the National Insurance, through the "Plymouth Penny in the Pound," to which so many residents are subscribers, or otherwise. I do not know of any serious eye case or accident which did not obtain early specialist treatment.

(c) Tuberculosis.

No action was taken, or required, under the Public Health (Prevention of Tuberculosis) Regulations, 1925, either as to persons employed in the milk trade, or as to the compulsory removal to a hospital of persons suffering from tuberculosis.

So far as the Ministry of Health is concerned, general information as to Tuberculosis is to be furnished for the County as a whole by the County Medical Officer, but I should like to add that this disease appears to be steadily diminishing in this area.

In reviewing this report I do not feel satisfied that the mere statement of the figures under the housing section brings out how much work has been done and is still being done to improve the housing of the population. I know how much the Town Council have this work and the general well being of the population at heart and I think the progress made is most satisfactory.

I am, Mr. Mayor and Gentlemen,
Your obedient Servant,
C. G. GIBSON,
Medical Officer of Health.

